

TRAVEL EXPENSE CLAIM

-CIVILCODE SECTION 1798.17

STD. 262 (Rev 6/93) DMH-001

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CLAIMANT'S NAME Stephen W. Mayberg			SSN OR EMPLOYEE NUMBER* 461-500-1641-001			DEPARTMENT Mental Health			
POSITION Director		CBID E99		DIVISION OF BUREAU Director's Office				INDEX NUMBER 461-500	
RESIDENCE ADDRESS* on file				HEADQUARTERS ADDRESS 1600 Ninth Street				TELEPHONE NUMBER 654-2309	
CITY Sacramento		STATE CA		ZIP CODE 95814					

(1) MNTH/YR July 2009		(3) LOCATION	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
				BREAK-FAST	LUNCH	O.T.,L/T, N/C,RELO, OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
DATE	TIME	WHERE EXPENSES WERE INCURRED											
8/11	0730 1400	Napa return							pc		117 64.35		64.35
8/20	1900	Los Angeles	121.14					41.00	ca cab/pc				162.14
8/21	1745	return		6.00	10.00			*152.60 39.00	cab/pc	9.00	45 24.75		241.35
8/25	0530 1750	Patton return		6.00				*305.20	pc/ca	9.00	45 24.75		344.95
			121.14	12.00	10.00			537.80		18.00		113.85	812.79
COL CODE (Acctg Use Only)													

(Less Direct Pay) Reimbursement Request:**354.99**

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)

8/11 - Director to preside at Napa State Hospital Governing Body.
8/20-21 - Director to speak at the annual NAMI conference in LA.
8/25- Director to preside at Patton State Hospital Governing Body.

* Direct pay




(12) Normal Work Hours
8:00 a.m. to 5:00 p.m.
(13) Pvt Vehicle License #

On file
(14) Mileage Rate Claimed

0.55

ONLY
Paid by Revolving Check Number

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with existing agreements and Department of Personnel Administration regulations, in the service of the State of California and that all items shown were for the official business of the State of California, and if a privately-owned vehicle was used, I have met the requirements as prescribed by S.A.M. Sections 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES 			DATE